



MICHELLE LUJAN GRISHAM
GOVERNOR

JAMES C. KENNEY
CABINET SECRETARY

Notification Sent Via Email

6/20/2023

Greg Guzzo
Springer Correctional Facility, NM3500104
P.O. Box 10
Springer, NM 87747

Re: Notice of Completion and Approval of Level 1 Assessment Springer Correctional Facility, NM3500104

Dear Greg Guzzo:

Our records indicate that the Springer Correctional Facility Water System triggered a Level 1 Assessment on 6/9/2023. This letter is to inform you that the New Mexico Environment Department's Drinking Water Bureau (NMED-DWB) has received adequate compliance documentation verifying the Springer Correctional Facility completed a Level 1 Assessment on 6/19/2023 and has implemented appropriate corrective action to address sanitary defects. Based on the information submitted, the submitted Level 1 Assessment is approved and no further action regarding this triggered assessment is required.

NMED-DWB appreciates your assistance in this matter and your compliance efforts to ensure protection of the State's drinking water. If you have questions or require clarification concerning this matter, please contact me at 505-629-3085 or by e-mail at chet.markham2@env.nm.gov.

Respectfully,

A handwritten signature in blue ink, appearing to read "Chet Markham", is written over a horizontal line.

Chet Markham, RTCR Rule Administrator
Drinking Water Bureau
Water Protection Division

cc: Area Supervisor (electronic)
Springer Correctional Facility water system Area Office file
Electronic Central File

EXHIBIT

D

SCIENCE | INNOVATION | COLLABORATION | COMPLIANCE



New Mexico Environment Department
 Drinking Water Bureau
 Coliform Bacteria Level 1 Assessment Form
 RTCR-1

CLEAR FORM

PWS ID#: NM3500104 **PWS Name:** Springer Correctional Facility **City/Town:** Springer, NM

Compliance Period (mm/yy) June 2023

INSTRUCTIONS:

In **Section A** review and evaluate the listed elements typically found in a PWS. Check (✓) all elements reviewed and check (✓) "Issue(s) identified" if any potential causes of contamination were identified, check (✓) "No issues" if potential causes of contamination were not identified, or check (✓) "NA" if the section is not applicable to the PWS.

In **Section B** "Description of Occurrence" provide an explanation if any issues were identified.

In **Section C** "Corrective Action" provide proposed corrective action(s) if any issues were identified in Section B.

Return this form no later than 30 days after triggering an assessment.

Section A

1. GENERAL	<input type="checkbox"/> No issues	<input checked="" type="checkbox"/> Issue(s) identified	<input type="checkbox"/> NA**
Have any of the following occurred at sample sites prior to collecting bacteria samples?			
<input checked="" type="checkbox"/> (SD075) low/inadequate disinfectant residual	<input type="checkbox"/> (SD005) loss of pressure (<20 psi)		
<input type="checkbox"/> (SD009) operation/maintenance activities	<input type="checkbox"/> (SD013) visible indicators of unsanitary conditions		
<input type="checkbox"/> (SD015) firefighting event/flushing/sheared hydrant	<input type="checkbox"/> (SD076) analyzers/equipment not calibrated		
<input type="checkbox"/> (SD012) signs of vandalism/forced entry	<input type="checkbox"/> (SD007) other:		
2. OPERATIONAL CHANGES	<input checked="" type="checkbox"/> No issues	<input type="checkbox"/> Issue(s) identified	<input type="checkbox"/> NA**
<input type="checkbox"/> (SD019) potential source of contamination	<input type="checkbox"/> (SD018) new source added		
<input type="checkbox"/> (SD016) other:			
3. SAMPLING SITES	<input type="checkbox"/> No issues	<input checked="" type="checkbox"/> Issue(s) identified	<input type="checkbox"/> NA**
<input checked="" type="checkbox"/> (SD001) unclean or unsuitable sample tap	<input type="checkbox"/> (SD002) change in conditions at sample site		
<input type="checkbox"/> (SD077) hot water intrusion	<input type="checkbox"/> (SD007) other:		
4. SAMPLING PROTOCOL	<input type="checkbox"/> No issues	<input checked="" type="checkbox"/> Issue(s) identified	<input type="checkbox"/> NA**
<input type="checkbox"/> (SD078) improper sample container	<input checked="" type="checkbox"/> (SD081) inadequate tap flushing		
<input type="checkbox"/> (SD079) aerator was not removed	<input type="checkbox"/> (SD082) improper hold time/storage temperature		
<input type="checkbox"/> (SD080) sampler error	<input type="checkbox"/> (SD083) auto sensing faucet/swivel-type faucet		
<input type="checkbox"/> (SD084) other:			
5. SOURCES - Well	<input type="checkbox"/> No issues	<input type="checkbox"/> Issue(s) identified	<input checked="" type="checkbox"/> NA**
<input type="checkbox"/> (SD020) defective/damaged well cap/well seal	<input type="checkbox"/> (SD087) damaged well casing		
<input type="checkbox"/> (SD025) floodwater/run-off inundation	<input type="checkbox"/> (SD021) damaged/unscreened vent		
<input type="checkbox"/> (SD085) missing/damaged grout seal	<input type="checkbox"/> (SD088) unprotected opening in pump/pump assembly		
<input type="checkbox"/> (SD086) damaged pitless adaptor	<input type="checkbox"/> (SD089) raw water sample result TC+ or EC+		
	<input type="checkbox"/> (SD029) other:		

Surface Water Supply		<input type="checkbox"/> No issues	<input type="checkbox"/> Issue(s) identified	<input checked="" type="checkbox"/> NA**
<input type="checkbox"/> (SD090) potential source of contamination	<input type="checkbox"/> (SD071) rapid snowmelt	<input type="checkbox"/> (SD070) heavy rainfall		
<input type="checkbox"/> (SD018) change in sources	<input type="checkbox"/> (SD071) flooding			
<input type="checkbox"/> (SD091) other: 				
<input type="checkbox"/> (SD036) Turbidimeters are operated outside of the following range?				
Turbidimeter Setting or Activity		Recommendation		
Controller Error Hold Mode		Transfer to 0.0 NTU		
IFE and CFE signal span (minimum and maximum turbidity data capping)		0.0- 5.1 NTU		
Data recorder		Required. Must be calibrated to sensor output. Instrument output must be scaled to match the SCADA or recorder scale.		
Bubble reject		ON		
Signal Averaging		30 second (i.e., 30 readings taken at ~1 second intervals)		
Sample Flow		Measured at least monthly.		
Sample Flow Rate		A flow rate of 500 mL/min as a starting point for year round operation.		
Bulb replacement		At least annually or earlier as recommended by manufacturer.		
Verification checks		Weekly comparison of the continuous turbidimeters with a calibrated bench-top turbidimeter. An acceptable difference between the values is about 10% or ± 0.05 NTU.		
Written SOPs for turbidimeter settings		Required		
Instrument specific maintenance log		Required		
Calibration		At least quarterly. Set to 'Hold Outputs' during calibration and maintenance activities.		
Spring		<input type="checkbox"/> No issues	<input type="checkbox"/> Issue(s) identified	<input checked="" type="checkbox"/> NA**
<input type="checkbox"/> (SD019) potential source of contamination	<input type="checkbox"/> (SD070) heavy rainfall			
<input type="checkbox"/> (SD090) infiltration of surface run-off	<input type="checkbox"/> (SD071) rapid snowmelt			
<input type="checkbox"/> (SD030) improper development/poorly maintained spring box				
<input type="checkbox"/> (SD032) other: 				
6. TREATMENT PROCESS		<input type="checkbox"/> No issues	<input type="checkbox"/> Issue(s) identified	<input checked="" type="checkbox"/> NA**
<input type="checkbox"/> (SD043) change in flow rates	<input type="checkbox"/> (SD038) recent installation/repair			
<input type="checkbox"/> (SD093) inadequate disinfection	<input type="checkbox"/> (SD009) O & M procedures not followed			
<input type="checkbox"/> (SD036) turbidity measurements out of range				
<input type="checkbox"/> (SD039) treatment added or changed	<input type="checkbox"/> (SD040) interruption in treatment/power loss			
<input type="checkbox"/> (SD045) other: 				

7. STORAGE TANKS		<input checked="" type="checkbox"/> No issues	<input type="checkbox"/> Issue(s) identified	<input type="checkbox"/> NA**
<input type="checkbox"/> (SD058) improper maintenance practices	<input type="checkbox"/> (SD075) low disinfectant residual			
<input type="checkbox"/> (SD094) presence of dead animals/insects	<input type="checkbox"/> (SD048) hatch not sealed			
<input type="checkbox"/> (SD095) incorrect operation of level control valves, altitude valves, and related appurtenances				
<input type="checkbox"/> (SD054) deterioration, rust, holes, or other breaches in vent, overflow pipe, access hatch, screens, ladders, etc.				
<input type="checkbox"/> (SD045) other: <input type="text"/>				
8. DISTRIBUTION SYSTEM		<input type="checkbox"/> No issues	<input checked="" type="checkbox"/> Issue(s) identified	<input type="checkbox"/> NA**
<input type="checkbox"/> (SD073) power loss	<input type="checkbox"/> (SD066) operation of isolation valves resulting in breakage			
<input type="checkbox"/> (SD096) standing water/debris in valve vault	<input type="checkbox"/> (SD067) flushing of fire hydrants or blow-offs			
<input checked="" type="checkbox"/> (SD075) low disinfection residuals	<input type="checkbox"/> (SD098) improper operation of air-relief/air-vacuum valves			
<input type="checkbox"/> (SD063) pump or valve failure	<input type="checkbox"/> (SD065) installation of new mains or construction activity			
<input type="checkbox"/> (SD061) pressure loss/inadequate pressure (<20 psi)	<input type="checkbox"/> (SD063) improper operation of pumps/valves			
<input type="checkbox"/> (SD097) improper surge control	<input type="checkbox"/> (SD099) illegal use of hydrants			
<input type="checkbox"/> (SD066) main breaks	<input type="checkbox"/> (SD100) leaks			
<input type="checkbox"/> (SD062) unprotected cross connection	<input type="checkbox"/> (SD063) improper operation of valves			
<input type="checkbox"/> (SD069) other: <input type="text"/>				

Section B - Description of Occurrence Use this space to provide additional information that supports your findings (i.e. water quality and pressure monitoring data). Include corresponding dates with your findings.

☐ Check if PWS did not find any causes for the contamination.

Low disinfection residual at the sample site. The sample location is located at a deep basin (slop) sink. The sink is typically dirty.

Section C - Corrective Action Use this space to describe corrective action taken or proposed corrective action with corresponding dates.

Sampler will sanitize the sample location with isopropyl alcohol and flush the tap for a minimum of 10 minutes prior to taking the sample due to frequency non-use of the sample location. Sampler will test of an adequate chlorine residual prior to taking sample. Will also make sure the sampler goes off the sample plan to assure the proper samples are being took and the proper repeat RT numbers are being used.

Were all identified Sanitary Defects corrected?*

*If yes, please provide documentation of all corrected defects along with this assessment form.


Yes* ☒ No** ☐

****For corrective actions not completed by the time of submission of this assessment form**

(e.g., in the case where parts need to be ordered and may take longer than 30 days to be delivered and installed), the system must complete the corrective action(s) in compliance with a schedule determined by NMED-DWB in consultation with the water system. To facilitate the discussion during the consultation, the system may propose a schedule for the corrective action(s). The system must notify the state when each scheduled corrective action is completed.

Initial Total Coliform or E.Coli Detection Date:	06/07/23	Initial Laboratory Notification Date:	06/07/23
Initial NMED-DWB Consultation Date:	06/07/23	Total # routine and repeat samples collected:	2
Total # coliform positive samples:	2	Total # E-coli positive samples:	0
# of coliform positive detections in past 12 months:	2	# of coliform violations in past 12 months:	0

Certification: I certify under penalty of law that I am the person authorized to fill out this form, and the information contained herein is true, accurate and complete to the best of my knowledge and belief.

Print Name:	Robert Towle	Title:	Consultant
Operator Level	WS3	License #	NM00662
Signature:		Date:	6/19/23
Phone #:	(505) 463-1395	Email:	btowle@newmexicowater.com

NMED-DWB will not accept forms that have not been signed by the Certified water operator. Signature must be either a physical or electronic signature.

Please return this completed form to the NMED-DWB RTCR Rule Administrator at NMENV.RTCR@state.nm.us
RTCR Assessments which are not fully completed will not be accepted and may result in a Notice of Violation issued to the water system.

SUBMIT VIA EMAIL TO NMED-DWB

SAVE AND PRINT FORM

DWB USE ONLY: Date received: 06/19/2023

NMED-DWB Reviewer:

